



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243

TENNESSEE BOARD OF MEDICAL EXAMINERS
(800) 778-4123, ext. 532-4384 or Local (615) 532-3202, ext. 532-4384
www.tennessee.gov/health

APPLICATION INSTRUCTIONS FOR LICENSURE AS A GENETIC COUNSELOR
APPLICATION CHECK SHEET

Provided below is a checklist for your personal use and convenience containing all the things you must do to receive consideration for issuance of a Tennessee license to practice. **NOTE: All submissions must be executed and dated less than one (1) year before receipt or the submission will be rejected by the Board.**

Licensure by Examination:

Done

1. Complete, sign, have notarized and mail the application pages 1 through 6. _____
2. Attach to the application a clear, recognizable, recently taken passport size photograph of yourself. _____
3. Request that a graduate transcript from a genetic counseling training education program, the educational standards of which have been established by the ABGC or the ABMG, be submitted directly from the educational institution to the administrative office. The transcript must show the program has been successfully completed and carry the official seal of the institution. Complete and mail Attachment 3 to your graduate school. _____
4. If you are or have ever been licensed, certified, registered, or permitted by any state or country to practice as a genetic counselor or other health professional, you must complete and mail Attachment 1 to each and every licensing board. Copies of Attachment 1 may be duplicated to accommodate each request. _____
5. Attach to the application a check or money order in the amount of \$110 (or \$160 for a temporary license) made payable to the Board of Medical Examiners. _____
6. Cause to be submitted directly from ABGC or ABMG proof of certification. See Attachment 2. _____
7. Criminal Background Check. For instructions to obtain a criminal background check, go to <http://tn.gov/health/article/CBC-instructions>. _____
8. Attachment 5 – Declaration of Citizenship _____

Licensure by Grandfather Clause

Done

Any person who is currently actively practicing genetic counselors is eligible to receive a license upon further showing satisfactory proof of the existence of all of the following requirements:

1. Cause to be submitted to the administrative office items 1 through 8, listed previously except item number 6.

2. Any person who has practiced as a genetic counselor since 1980 is eligible to receive a license as a genetic counselor upon further showing satisfactory proof of work history and scope of practice by submitting the following items to the Board's administrative office, along with the licensure application:
 - (a) written job description(s) or letters from employers which cover the entire work period and explain the licensure applicant's scope of practice; and
 - (b) photocopies of paycheck(s), paycheck stub(s), or Internal Revenue Service (IRS) Forms W-2, 1099-Misc., or Schedules C or C-EZ for IRS form 1040 to verify proof of income from the practice of genetic counseling.

All documents must be submitted directly from the employing facility or signatory to the Board's administrative Office.

Temporary License:

A temporary license may be issued to an applicant who has applied for but has yet to take the licensure examination. To obtain a temporary license an applicant must cause to be submitted to the administrative office all of items 1 through 8 above except 6 and submit Attachment 2 to the ABGC or ABMG. Applicants must have made application to sit for the licensure exam and sign the ABGC or ABMG verification release from (Attachment 2) allowing the ABGC or ABMG to release all exam scores to the Tennessee Board of Medical Examiners.

You must practice under the general supervision of a licensed genetic counselor with current ABMG certification in clinical genetics. Please submit Attachment 4 with your application. Attachment 4 must be signed by the supervising genetic counselor and must be submitted prior to beginning practice.

UNDERSTANDING THE APPLICATION PROCESS

If an address change occurs at any time, you must notify the Board's administrative office, in writing, immediately.

1. All application fees and temporary licensure fees are non-refundable.
2. All documents and fees required to be submitted by you or which must be requested from the appropriate institutions in this application process, must be mailed directly to:

Board of Medical Examiners' Genetic Counselors
665 Mainstream Drive
Nashville, TN 37243

For Federal Express or Special Courier:
Board of Medical Examiners' Genetic Counselors
665 Mainstream Drive
Nashville, TN 37228

3. Allow fourteen (14) working days for information mailed to our office to be received and placed in your file. Federal Express or special courier services will not appreciably reduce the processing time. Additionally, if Federal Express or special courier services are used you will be responsible for charges incurred. The Board asks that you please give the administrative office every consideration in this matter.
4. If necessary documentation has not been received when your application has been received by the Board's administrative office, an initial deficiency letter will be sent to you. The supporting documentation requested in the letter must be received in the Board's administrative office sixty (60) days from the date of the initial deficiency letter. Files not completed within sixty (60) days will be closed.
5. Absent any complicating factors, the average application processing time is six weeks. Once the application is completed, your file will be promptly reviewed and an initial licensure determination made. You will be promptly notified by letter of the initial determination and if your application is approved, you will be able to view licensure approval on the Internet at www.tennessee.gov/health.
6. It is recommended that you do not make arrangements to accept employment as a genetic counselor in Tennessee until you are granted a license by the Board of Medical Examiners.

Thank you for your cooperation. We will make every effort to expedite your application in an efficient manner.

IMPORTANT: You must have a Tennessee license issued by the Board of Medical Examiners in your possession before you may lawfully practice.

ATTACH A
CURRENT FULL-
FACE
PHOTOGRAPH



FOR OFFICIAL USE
ONLY

Full License

1678-001 \$100.00
1678-006 \$ 10.00

Temporary License

1678-001 \$100.00
1678-001 \$ 50.00
1678-006 \$ 10.00

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APPLICATION FOR
LICENSED GENETIC COUNSELORS

Please **check** the appropriate category for which you are applying:

☐ License by Exam - \$110.00 ☐ License by Grandfather Clause -\$110.00 ☐ Temporary License - \$160.00

PERSONAL INFORMATION

PLEASE PRINT IN INK

Name: _____
Last First Middle Maiden

Social Security Number: _____ - - Date of Birth: _____

Mailing Address: _____

Zip _____

Phone: Home: () _____ Office: () _____

Place of Birth: _____ Sex: (optional, for statistical purposes only)

Female _____

U.S. Citizen: Yes _____ No _____ Male _____

Email address: _____

Do you wish to receive notification, including renewal notification, from the Department of health via email? Y N

EDUCATIONAL AND EMPLOYMENT INFORMATION

Please provide the following information for all educational institutions you have attended beyond high school. Use the back of [this page](#) if you need additional space. (Send Attachment 3 to the educational institution where you completed your program.)

From:		To:			
	Mo/Yr		Mo/Yr	Educational Institution	Location
From:		To:			
	Mo/Yr		Mo/Yr	Educational Institution	Location
From:		To:			
	Mo/Yr		Mo/Yr	Educational Institution	Location
From:		To:			
	Mo/Yr		Mo/Yr	Educational Institution	Location

Please complete your entire employment history starting with the most current position first. Use the back of [this page](#) if you need additional space.

<u>DATES</u>		<u>LOCATION</u>		<u>POSITION AND DUTIES</u>
From:		To:		
	Mo/Yr		Mo/Yr	
			(City) (State)	
From:		To:		
	Mo/Yr		Mo/Yr	
			(City) (State)	
From:		To:		
	Mo/Yr		Mo/Yr	
			(City) (State)	
From:		To:		
	Mo/Yr		Mo/Yr	
			(City) (State)	
From:		To:		
	Mo/Yr		Mo/Yr	
			(City) (State)	
From:		To:		
	Mo/Yr		Mo/Yr	
			(City) (State)	

LICENSURE INFORMATION

List below all states, countries or provinces in which you have ever been or currently are licensed, permitted or certified. Submit a copy of Attachment 1 to all such states, countries, or provinces regarding such licensure, certification or permit. Use the back of this page if you need additional space.

STATE	LICENSE NUMBER	DATE ISSUED	CURRENT STATUS

List below **ALL** states, countries or provinces in which you hold or have ever held a license, certification or permit as a health professional other than genetic counselor. Submit a copy of Attachment 1 to all such states, countries or provinces regarding such licensure, certification or permit. Use the back of this page if you need additional space.

STATE	PROFESSION	LICENSE NUMBER	DATE ISSUED	CURRENT STATUS

COMPETENCY INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS. If any answers to the questions in this part are in the **affirmative**, attach an explanation on a separate sheet. ***In support of your explanation, the final documents or orders from the issuing states, courts, or agencies must be submitted along with this application.***

For the purposes of these questions, the following phrases or words have the following meanings:

1. **"Ability to practice your profession"** is to be construed to include all of the following:
 - a. The cognitive capacity to exercise reasoned professional judgments and to learn and keep abreast of developments in your profession; and
 - b. The ability to communicate those judgments and information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
 - c. The physical capability to perform tasks and procedures required of your profession, with or without the use of aids or devices, such as corrective lenses or hearing aids.
2. **"Medical condition"** includes physiological, mental or psychological conditions or disorders, such as, but not limited to; orthopedic, visual, speech and/or hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV, tuberculosis, drug addiction and alcoholism.
3. **"Chemical substances"** is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.
4. **"Currently"** does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one's functioning as a licensee, or within the past two (2) years.
5. **"Illegal use of controlled substances"** means the use of controlled substances obtained illegally (e.g. heroin, or cocaine) as well as the use of controlled substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

QUESTIONS

YES NO

- | | | | |
|----|---|-------|-------|
| 1. | Do you currently have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? | _____ | _____ |
| a. | If yes, are they reduced or ameliorated because you receive ongoing treatment (with or without medication) or participate in a monitoring program? | _____ | _____ |
| b. | If you have any limitations or impairments caused by an existing medical condition, are they reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? | _____ | _____ |

[If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individual assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license should be issued, whether conditions should be imposed or whether an unrestricted license should be issued, whether conditions should be imposed or whether you are not eligible for licensure.]

COMPETENCY INFORMATION continued

	YES	NO
2. Do you currently use chemical substances?	_____	_____
If yes, do they in any way impair or limit your ability to practice your profession with reasonable skill and safety?	_____	_____
Please list: _____ _____		
3. Are you currently engaged in the illegal use of controlled substances?	_____	_____
If yes, are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaged in the illegal use of controlled substances?	_____	_____
4. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?	_____	_____
5. If you have ever held or applied for a license or certificate to practice as a genetic counselor in any state, country or province, has it been or was it ever denied, reprimanded, suspended, restricted, revoked, or otherwise disciplined, curtailed or voluntarily surrendered under threat of investigation or disciplinary action?	_____	_____
6. If you have ever had staff privileges at any hospital or health care facility have they ever been revoked, suspended, curtailed, restricted, limited or otherwise disciplined or voluntarily surrendered under threat of restriction or disciplinary action?	_____	_____
7. Have you ever been convicted of a felony or a misdemeanor other than a minor traffic violation?	_____	_____
8. Have you ever been rejected or censured by a professional society?	_____	_____
9. In relation to the performance of your professional services in any profession:		
a. Have you ever had a final judgment rendered <u>against</u> you; or	_____	_____
b. Have you ever had settlement of any legal action rendered <u>against</u> you; or	_____	_____
c. Are there any legal actions pending <u>against</u> you or to which you are a party?	_____	_____
10. If you have ever held a license or certificate in any health care profession, has it ever been reprimanded, suspended, restricted, revoked, or otherwise disciplined, curtailed or voluntarily surrendered under threat of investigation or disciplinary action?	_____	_____

APPLICANT: FILL OUT THE FOLLOWING AFFIDAVIT IN THE PRESENCE OF A NOTARY PUBLIC

AFFIDAVIT AND RELEASE

I, _____, of _____,
(Applicant's Name) (City) (State)

being duly sworn and identified as the person referred to in this application and signed photos, attests to the truth of each statement made in said application. I further swear that I have read and understand the law and the rules and regulations for genetic counselors and agree to abide by them in the practice of my profession in the State of Tennessee.

I HEREBY:

SIGNIFY my willingness to appear to answer such questions as the Board may find necessary which may include an interview.

RELEASE to the Board, its staff and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice my profession.

AUTHORIZE the Board, its staff and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others and any other qualifications;

RELEASE from liability the Board, its staff and all their representatives and any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character and other qualifications for licensure.

ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical and other qualifications and for resolving any doubts about such qualifications.

AUTHORIZE release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

AUTHORIZE the American Board of Genetic Counseling or American Board of Medical Ethics National Office to release my exam scores directly to the State Board of Medical Examiners.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE

DATE

Sworn to before me, this _____ day of _____, _____.

NOTARY PUBLIC

My Commission expires _____

Affix Seal Here

ATTACHMENT 1



STATE OF TENNESSEE
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CLEARANCE FROM OTHER STATE LICENSURE BOARDS

APPLICANT: Please provide the information requested in the top box and then mail one form to the licensure board in EACH state where you **hold or have ever held** a license to practice any profession. (Copies of this form can be used). **NOTE:** Some states require a fee for providing clearance information. To expedite your application, you may wish to contact the applicable state(s).

To Be Completed By Applicant (Please Print In Ink)

I, the undersigned applicant, was granted a (**circle one**) license or certificate to practice _____
(Profession)
numbered _____ on _____ in the State of _____.
(Date)

The Board of Medical Examiners of Tennessee requests that I submit evidence of the current status of that license in your state.

You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Tennessee Board of Medical Examiners.

Date: _____
Applicant's Signature _____
Applicant's typed or printed name _____

To Be Completed By Administrative Office of State Licensure Board

Name In Full As it Appears On License/Certificate or Permit:

(First) (M.I.) (Last)

License/Certificate/Permit Number: _____ Profession: _____

Date Issued: _____ Expiration Date: _____

Basis of Issuance: _____ Endorsement/Reciprocity with _____
(Check One) (State)
_____ Written Examination _____

Is the license currently active and registered? Yes _____ No _____
Is there any derogatory information on file? Yes _____ No _____ If yes, please attach supporting documentation.

Authorized Signature _____ Title _____ Date _____

Please mail directly to: Board of Medical Examiners' Genetic Counselors
665 Mainstream Drive
Nashville, TN 37243



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243

BOARD OF MEDICAL EXAMINERS' GENETIC COUNSELORS
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<http://tennessee.gov/health>

ABGC/ABMG VERIFICATION

Please complete this form and mail it to one of the addresses below:

Send to:

**American Board of Genetic Counseling
P.O. Box 14216
Lenexa, KS 66285**

**American Board of Medical Genetics
9650 Rockville Pike
Bethesda, MD 20814-3998**

To Be Completed By Applicant (Please Print In Ink)

Dear ABGC/ABMG Official:

I am applying for a license to practice as a genetic counselor in the State of Tennessee. By signing this document I authorize you to release my exam scores and proof of my certifications directly to the State Board of Medical Examiners.

Applicant's Name: _____
(First) (Middle) (Last)

Social Security No: _____
Signature for Release of Information

PLEASE MAIL SCORES DIRECTLY TO:

**Board of Medical Examiners' Genetic Counselors
665 Mainstream Drive
Nashville, TN 37243**

ATTACHMENT 3



STATE OF TENNESSEE
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TRANSCRIPT REQUEST

APPLICANT: Supply the information requested in this box and then mail this entire form to your graduate school.

Full Name: _____		
(Last)	(First)	(Middle/Maiden)
Address: _____		Social Security Number: _____ - ____ - ____

Student Identification Number: _____		
Year of Graduation: _____		
Degree Obtained: _____		

TO WHOM IT MAY CONCERN:

I am applying for a license to practice as a genetic counselor in the State of Tennessee. Please forward an original graduate transcript bearing the institution's official seal to:

Tennessee Board of Medical Examiners' Genetic Counselors
665 Mainstream Drive
Nashville, TN 37243

Thank you for cooperation and prompt response.

Applicant's Signature

Date

ATTACHMENT 4

Applicant's Name _____



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SUPERVISING GENETIC COUNSELOR

This section must be completed by the supervising GENETIC COUNSELOR(s).
(This page may be duplicated if necessary)

List all practice settings:

1) **Setting:**

Supervising Genetic Counselor

Printed Name

Address

Tennessee License Number

2) **Setting:**

Supervising Genetic Counselor

Printed Name

Address

Tennessee License Number

3) **Setting:**

Supervising Genetic Counselor

Printed Name

Address

Tennessee License Number

4) **Setting:**

Supervising Genetic Counselor

Printed Name

Address

Tennessee License Number

DECLARATION OF CITIZENSHIP
MUST ACCOMPANY ALL APPLICATIONS FOR INITIAL LICENSURE OR REINSTATEMENT OF LICENSURE

I am a(n) _____
Healthcare Profession (Please Print) License number if applicable

Name: _____

 Last First Middle Maiden

_____ A nonimmigrant applicant for a professional or commercial license whose visa for entry into the United States is related to such employment, or a nonimmigrant under the Immigration and Nationality Act (8 U.S.C. 1101 *et seq.*).

- _____ Foreign nationals not present in the United States seeking the issuance or renewal of a professional license.
- _____ Asylees who meet the qualifications set out in 8 U.S.C. 1158
- _____ Refugees who meet the qualifications set out in 8 U.S.C. 1157
- _____ Persons who have been "paroled into the United States," under 8 U.S.C. 1182(d)(5) or whose deportation has been withheld under 8 U.S.C. 1253.
- _____ Cuban or Haitian entrants as defined by section 501(e) of the Refugee Education Assistance Act of 1980
- _____ Persons granted conditional entry into the U.S. under 8 U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.
- _____ An alien who has been "battered" or subjected to "extreme cruelty" by a parent or spouse as defined by 8 U.S.C. 1641(c), and also meets the qualifications set out 8 U.S.C. 1641(c)(1)(B). Under the circumstances set out in 8 U.S.C. 1641(c)(2) and (3), victims' children, or the parents of children who are victims, may also apply for benefits as qualified aliens.

Applicants claiming **qualified alien status**, please submit one or more of the following forms of "documentation of identity and immigration status" as determined by U.S. Homeland Security to be acceptable for verification through the SAVE program. Common types of documents used to verify immigration status:

I-327 (Reentry Permit)

I-551 (Permanent Resident Card or "Green Card")

I-571 (Refugee Travel Document)

I-766 (Employment Authorization Card)

Machine Readable Immigrant Visa (with Temporary I-551 language)

Temporary I-551 stamp (on passport or I-94)

I-94 (Arrival/Departure record)

Unexpired foreign passport

WT/WB Admission Stamp in unexpired foreign passport

I-20 (Certificate of Eligibility for Nonimmigrant F(1) student status- "student visa")

DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

I affirm under the penalty of perjury that the above is true and correct.

Signed this _____ day of _____, 20__.

Signature

Sworn to before me this _____ day of _____, 20__.

NOTARY PUBLIC

AFFIX SEAL HERE

My Commission Expires: _____

If an applicant is discovered to be an unqualified alien, or otherwise ineligible for benefits under the Act, all recurring benefits provided to that applicant must be immediately terminated. Anyone who purposefully makes a false, fictitious, or fraudulent claim of U.S. citizenship or qualified alien status will be liable under the Tennessee Medicaid False Claims Act, or Tennessee's False Claims Act. Any person who conspires to defraud the state or any local health department by securing a false claim allowed or paid to another person in violation of the Act may be liable under Tennessee's False Claims Act. Upon discovery of an applicant's false, fictitious, or fraudulent claim of U.S. citizenship, state governmental entities and local health departments must also file a criminal complaint with the United States Attorney.